

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> :	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PROGRAM OPERATOR: PARTICIPANT:		
PETITION FOR ORDER PROHIBITING ABUSE OR PROGRAM MISCONDUCT <input type="checkbox"/> Application for Temporary Restraining Order <input type="checkbox"/> Modification of Previous Order <i>(date)</i> :		CASE NUMBER:

(THIS IS NOT AN ORDER)

- Read the Instructions for Program Operators before completing this form.
- You must have a copy served on the participant at least two days before the hearing.

1. **Jurisdiction.** This suit is filed in this county because participant resides in this county.

2. **Program operator *(name)*:**

operates a "transitional housing program" as defined in Health and Safety Code section 50582(g).

- | | |
|--|--|
| a. <input type="checkbox"/> Governmental agency <i>(specify)</i> : | <input type="checkbox"/> Manager or operator |
| b. <input type="checkbox"/> Private nonprofit corporation receiving program funds from a governmental agency
The funding agency is <i>(specify)</i> : | <input type="checkbox"/> Manager or operator |

3. **Program site *(specify street address, city, ZIP Code)*:**

- a. ☐ Dwelling unit of participant *(address optional)*:
- b. ☐ Other locations of the program *(addresses)*:

4. **Participant to be restrained or excluded** is a "homeless person" dwelling at a "program site" as defined in Health and Safety Code section 50582 *(name all to be restrained or excluded)*:

Name

Age (if under 18)

5. Persons living with participant in participant's dwelling unit who are **not** to be restrained or excluded *(name all below)*. If none, check this box: ☐

Name

Family relationship

Age (if under 18)

6. Participant has signed a contract with the program operator. The contract includes *(attach a copy of the signed contract)*

- a. Program rules and regulations.
- b. A statement of program operator's right of control over and access to the program unit occupied by participant.
- c. A summary of the requirements and procedures of Health and Safety Code sections 50580-50591.

(Continued on reverse)

Page one of four

(THIS IS NOT AN ORDER)

PROGRAM OPERATOR: PARTICIPANT:	CASE NUMBER:
---------------------------------------	--------------

7. Participant to be restrained or excluded (*names*):

a. ☐ (**Program misconduct**) has intentionally violated the program rules and regulations. The violation substantially interferes with the orderly operation of the program AND involves (*check at least one and cite the rule number*):

- (i) ☐ drunkenness on the program site (*rule No.*):
- (ii) ☐ unlawful use or sale of controlled substances (drugs) (*rule No.*):
- (iii) ☐ theft (*rule No.*):
- (iv) ☐ arson (*rule No.*):
- (v) ☐ destruction of property of the program operator, program employees, other participants, or persons living within 100 feet of the program site (*names and relationships to program and rule No.*):

(vi) ☐ violence or threats of violence and harassment of program employees, other participants, or persons living within 100 feet of the program site (*names and relationships to program and rule No.*):

b. ☐ (**Abuse**) has intentionally or recklessly

- (1) ☐ caused or attempted bodily injury
- (2) ☐ caused or attempted sexual assault
- (3) ☐ caused fear of serious bodily injury

to program employees, other participants, or persons living within 100 feet of the program site (*names and relationships to program*):

c. FACTS. Describe in detail the most recent incidents of program misconduct or abuse. State what happened, the dates and times, and who did what to whom. Describe any injuries or damage. For alleged program misconduct, cite the rules and regulations violated by each incident of misconduct. If more space is needed, attach additional pages and check this box: ☐ (You may use form MC-031 (on the reverse of form MC-030) as an attachment or for the declarations (affidavits) of witnesses.)

(Continued on next page)

(THIS IS NOT AN ORDER)

PROGRAM OPERATOR: PARTICIPANT:	CASE NUMBER:
---------------------------------------	--------------

PROGRAM OPERATOR REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.

8. ☐ PROGRAM MISCONDUCT RESTRAINING ORDERS (BREAKING RULES). **Participant must not** intentionally violate the program rules and regulations so as to interfere substantially with the orderly operation of the program and specifically the rules and regulations on
- a. ☐ drunkenness on the program site (*rule No.*):
 - b. ☐ unlawful use or sale of controlled substances (drugs) (*rule No.*):
 - c. ☐ theft (*rule No.*):
 - d. ☐ arson (*rule No.*):
 - e. ☐ destruction of property (*rule No.*):
 - f. ☐ violence or threats of violence and harassment (*rule No.*):
9. ☐ ABUSE RESTRAINING ORDERS. **Participant must not** attack, strike, batter, or sexually assault, or threaten to attack, strike, batter, or sexually assault
- a. ☐ program employees
 - b. ☐ program participants
 - c. ☐ persons living within 100 feet of the program site
- ☐ and specifically the following persons (*names*):
10. ☐ PROGRAM SITE EXCLUSION ORDERS. **Participant must** immediately move from and must not return to the program site and the dwelling unit assigned to participant (*address optional*):
- and may take participant's personal property needed until the hearing.
11. ☐ STAY-AWAY ORDERS. **Participant must** stay at least 200 feet away from the following places:
- a. ☐ Dwelling unit assigned to participant (*address optional*):
 - b. ☐ Other program site locations (*addresses*):
12. ☐ OTHER ORDERS (*specify other orders you request to help carry out the orders requested in items 8-11*):
13. I request that copies of orders be given to the following law enforcement agencies (*specify all with jurisdiction over the program sites*):
- | <u>Law Enforcement Agency</u> | <u>Address</u> |
|-------------------------------|----------------|
| | |
| | |
| | |
14. ☐ PREVIOUS PETITIONS. I have asked for restraining orders against participant before (*specify case numbers and dates*):

(Continued on reverse)

(THIS IS NOT AN ORDER)

PROGRAM OPERATOR: PARTICIPANT:	CASE NUMBER:
---------------------------------------	--------------

☐ **REQUEST FOR TEMPORARY RESTRAINING ORDER**
To Be Effective From Now Until The Hearing

15. ☐ I request that the orders requested in items ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 be effective from now until the hearing. *(Note: Temporary exclusion orders under items 10-11 require an emergency.)*

a. Participant

- (1) ☐ **has not** been under contract with the program for more than six months *(date of contract)*:
(2) ☐ **has** been under contract with the program for more than six months, but
(i) ☐ a restraining order is in effect and subject to further orders *(specify in item 14)*.
(ii) ☐ an action is pending against participant *(specify in item 14)*.

b. Notice to participant. ☐ Program operator ☐ Operator's attorney *(attach attorney's affidavit)*

- (1) ☐ informed participant or his or her attorney on *(date)*:
at *(time)*: _____ of the date, time, and place this petition would be filed.
(2) ☐ made the following good-faith efforts to inform participant or his or her attorney of the date, time, and place this petition would be filed *(specify efforts)*:

(3) ☐ should not be required to inform the participant or his or her attorney of the date, time, and place this petition would be filed because *(specify reasons)*:

c. **NEED FOR IMMEDIATE ORDER BEFORE THE HEARING.** Program operator, program participants, or persons living within 100 feet of the program site will suffer great and irreparable harm before this petition can be heard in court unless the court makes those orders requested above effective now and until the hearing. *(Specify the harm and why it will occur before the hearing. For temporary exclusion orders under items 10-11, show emergency and need to prevent imminent serious bodily injury.)*

16. ☐ Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF PROGRAM OPERATOR)

TITLE of person signing: